

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/17/2015
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NAME OF PROVIDER OR SUPPLIER FORSYTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 LANSING DRIVE WINSTON SALEM, NC 27105
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of Follow-up Survey by Dennis Harrell on 4-17-2015. Most deficiencies were not corrected. Further action is required.	{C 000}		
C 147	Corridors-Free of Equipment & Obstructions IV. The Building C. Physical Environment (10 NCAC 42D .1503) 7. Corridors d. Corridors must be free of all equipment and other obstructions. This Rule is not met as evidenced by: New Citation from 4-17-15 Followup Survey Based on observation, the corridor was not being maintained unobstructed in the area near rooms 8 and 10. The obstruction was a serious trip and fall hazard to the residents of those 2 rooms. Findings include; Two bundles of shoe molding had been laid in the hall directly in front of the doors to rooms 8 and 10.	C 147		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	{C 189}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 189}	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. <p>Findings include:</p> <ol style="list-style-type: none"> c. Unsealed penetrations around pipes at the range hood fire suppression system, d. Holes in ceiling of water heater room off laundry, <p>2-3-15 Followup Findings: Sealed with an unapproved unrated sealant. Seal with an approved sealant that part of a firestop system that meets ASTM E-814.</p> <p>New Citation from 4-17-15 Followup Survey</p> <ol style="list-style-type: none"> e. Holes in wall (2) in water heater room off laundry approximately 7 inches in diameter, f. PVC flue pipe 3 inches in diameter penetrating ceiling not protected with a firestop system that meets ASTM E-814. <ol style="list-style-type: none"> 5. Based on observation, several doors off the corridor did not close and latch properly to be resistant to the passage of fire and smoke. This would affect all residents and staff by not containing fire and smoke in the room of origin. <p>Findings include:</p> <ol style="list-style-type: none"> a. The door to room 12 had sagged, did not properly fit the opening on the top and side and would not latch when closed. b. The door to the bathroom beside room 15 had a hole through the door beside the lock. f. The door to room 6 did not properly fit the opening on the top. g. The door to room 16 did not properly fit the opening on the top. 	{C 189}		

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{C 189}	Continued From page 2 New Citation from 4-17-15 Followup Survey h. The door to the med room had a hole through the door beside the lock.	{C 189}		